	TE/OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission tilers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST Mark	MI	OFFICE USE ONLY
TWANE	NICKNAME LAST Goldberg		Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CH 405 Main, Suite 500 Houston, TX 77002	TY; STATE; ZIP CODE	Dalis Haqade Divergroy Date Pedimarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713 ) 861-1117	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MAS/MR FIRST Alan NICKNAME LAST Helfman	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE 4807 Kirby Houston, TX 77098	E#; CITY; STATE;	ZIP CODE
B CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713 ) 524-3801	EXTENSION	
REPORTTYPE	January 15 30th day before election     July 15 8th day before election	Runoff   Exceeded \$500 limit	15th day after campaign freasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year 10 / 26 / 2003 THROUGH	GH 12/31	/ 2003
1 ELECTION	TELECTION DATE Month Day Year  11 / 4 / 2003 Primary	Funoff . X	General Special
2 OFFICE	OFFICEHELD (# 90): Iouston City Couni1, District C	13 OFFICE SOUGHT NICKNOWN Houston City District C	Council,
4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures.  Name	itures made by others without the cano	didate's prior consent or approval, et campaign expenditure
addilional pages	Address / PO Box; Apt. / Suite #; City; State; Zip	Code	
	GO TO PA	AGE 2	

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

# FORM C/OH

SUPPORT	Γ & TOTAL	_S	COVER SHEET PG 2
15 C/OH NAME Ma	rk Goldber	ca	16ACCOUNT #(Ethics Commission liters)
17 NOTICE FROM POLITICAL	This box is for no may have been made.	otice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$17,100.00
EXPENDITURE TOTALS			\$17.15
ļ	4. TOTAL	POLITICAL EXPENDITURES	\$25,058.07
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	\$65,321.15	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	NINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT	ELLA M SCHUBER NOTARY PUBLIC State of Total Gosto, Esp. 12/04/200	me under Title 15, Election Code.	mation required to be reported by
AFFIX NOTARY STAMP	/ SEAL, ABOVE	Signature of Candidat	e or Officeholder
1 -		ne said Mark Guldberg , 1  fy which, witness my hand and seal of office.	this the 15 day
Signature of officer adm	Schulry inistering oath	Printed name of officer administering oath Title of	Jefay fullic of officer administering path

## SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction	Guide explains how to complete this form.			Total pages this Schedule A1: 9
FILER NAME	: Mark Goldberg			ACCOUNT # (Ethics Commission filers)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-26-2003	Dayle Blake		\$100.00	
	Contributor address; City; State; Zip Code			
	H			
Principal occup	tion (Optional)	Employer (Opt	cional)	
Date	Full name of contributor	1	Amount of contribution (\$)	In-kind contribution description (if available)
10-26-2003	Olive Bricker		\$36.00	
	Contributor address; City; State; Zip Code		\$36.00	
-	110			
Principal occup		Employer (Opt	tional)	
		<del></del>	Amount of	n-kind contribution
Date	Full name of contributor		contribution (\$)	description (if available)
10-26-2003	Larry Davis  Contributor address; City; State; Zip Code	<del></del>	\$50.00	
•				
<u></u>		Employer (Opt	Hampl)	
Principal occup	tion (Optional)	Employer (Opt	donary	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-26-2003	Mrs. William Morgan		\$200.00	
	Contributor address; City; State; Zip Code		Ψ200.00	
	H.			
Principal occup	otion (Optional)	Employer (Opt	tional)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-26-2003	Eunice H. Reiter			
	Contributor address; City; State; Zip Code		\$54.00	
-				
Principal occur	otion (Optional)	Employer (Op	tional)	<u> </u>
			<del> </del>	to kind a staileding
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-26-2003			\$200.00	1
-	Contributor address; City; State; Zip Code			
	Rena			
Principal occur	ption (Optional)	Employer (Op	otional)	

#### SCHEDULE A1 (FOR FORMS C/OH & SPAC)

mission filers) tion filable)	Total pages this Schedule ACCOUNT # (Ethics Commission In-kind contribution description (if available)	Amount of contribution (\$) \$36.00		S form.	g	Guide explains how the Mark Goldber  Full name of contributor  Lea Weems	
tion ilable)	In-kind contribution	contribution (\$)		Zip Code		Full name of contributor	
tion	In-kind contribution description (if availat	contribution (\$)		Zip Code			Date
tion	In-kind contribution description (if availat	contribution (\$)		Zip Code			Date
tion ilable)		\$36.00		Zip Code		l Lea Weems	
lion liable)		\$36.00		Zip Code			10-26-2003
lion ilable)					City; State;	Contributor address;	
tion ilable)							7
tion ilable)		(Optional)	Employer (			tion (Optional)	Principal occup
	In-kind contribution description (if availab	Amount of contribution (\$)			<u> </u>	Full name of contributor	Date
	1	410.00				Mark Barvin	10-26-2003
		\$18.00		Zip Code	City; State;	Contributor address;	
					1.		-
		(Optional)	Employer			tion (Optional)	Principal occup
	<del>_</del>						
ilon ilable)	In-kind contribution description (if availab	Amount of contribution (\$)				Full name of contributor	Date
		\$100.00	<u></u>			Ike Klein	10-26-2003
				Zip Code	City; State;	Contributor address;	_
		(Optional)	Employer			otion (Optional)	Principal occup
tion itable)	In kind contribution description (if availal	Amount of contribution (\$)	<del></del>			Full name of contributor	Date
					s	Dr. Dionel Avilés	10-26-2003
		\$250.00		Zip Code	City; State;	Contributor address:	
	<u> </u>	(Optional)	Employer			etion (Optional)	Frincipal occur
tion ilable)	In-kind contribution description (if availal	Amount of contribution (\$)				Full name of contributor	Date
		\$100.00		<u>.                                    </u>		Dr. Dorothy E.F.	10-26-2003
		· ·		Zip Code	City; State;	Contributor address;	_
						110	
		(Optional)	Employer			ption (Optional)	Principal occup
tion	In-kind contributio	Amount of	Employer				Principal occup
tion ilable)	In-kind contributio description (if availa	Amount of contribution (\$)	Employer			ption (Optional)	Date
tion ilable)	In-kind contribution description (if availa	Amount of	Employer	Zip Code	City; State;	ption (Optional)	
tion ilable)	In-kind contributio description (if availa	Amount of contribution (\$)	Employer	Zip Code	City; State;	Full name of contributor Sally Bradford	Date
ile	In-kind contribution (if available to the contribution (if available to the contribution to the contributi	Contribution (\$) \$100.00  (Optional)  Amount of contribution (\$) \$250.00  (Optional)			s	Full name of contributor Ike Klein Contributor address; bition (Optional)  Full name of contributor Dr. Dionel Avilés Contributor address;	Date 10-26-2003  Principal occup  Date 10-26-2003

The Instruction	n Guide explains how to complete this form.		Total pages this Schedule A1: 9
FILER NAME: Mark Goldberg			ACCOUNT # (Ethics Commission files
Date 0-26-2003	Full name of contributor  Rudy Bruhns  Contributor address; City; State; Zip Code	Amount of contribution \$1,000	(\$) description (if available)
Principal occup	tion (Ontional)	Employer (Optional)	
Principal occup	tion (Optional)	<u> </u>	
Date 10-26-2003	Full name of contributor  Mayer, Brown, Rowe & Maw LLP  Contributor address; City; State; Zip Code	Amount contribution \$250.0	(\$) description (if evailable)
Principal occup	tion (Ontional)	Employer (Optional)	
rmicipal occup	tion (Optional)		
Date 10-26-2003	Full name of contributor  Edward Boswell  Contributor address; City; State; Zip Code	Amount contribution \$1,000	(\$) description (if available)
Principal occup		Employer (Optional)	
	Full name of contributor	Amount	in-kind contribution
Date 10-26-2003		\$2,000	6
Principal occup	tion (Ontional)	Employer (Optional)	
Date 10-27-2003	Full name of contributor	Amount contribution \$1,000	n (\$) description (if available)
Principal occup	ption (Optional)	Employer (Optional)	
Date 10-27-2003	Full name of contributor  Mari Okabayashi  Contributor address; City; State; Zip Code	Amount contributio	π (\$)   description (if dvalidate)
		Employer (Optional)	
Principal occu	ption (Optional)	Employer (Optional)	

#### SCHEDULE A1

(FOR FORMS C/OH & SPAC)

				-	
The Instruction	The Instruction Guide explains how to complete this form.				
FILER NAMI	E: Mark Goldberg			ACCOUNT # (Ethics Commission file)	
Date	Full name of contributor  Roberto Constantiner	<del></del>	Amount of contribution (\$)	In-kind contribution description (if available)	
10-27-2003	Contributor address; City; State; Zip Code		\$360.00		
		_			
Principal occup	tion (Optional)	Employer (	Optional)		
Date 10-27-2003	Full name of contributor Paul Asofsky		Amount of contribution (\$)	In-kind contribution description (if available)	
10-27-2003	Contributor address; City; State; Zip Code		\$200.00		
Principal occup	tion (Optional)	Employer (0	Optional)	<del></del> .	
Date 10-27-2003	Full name of contributor  Jack Turk		Amount of contribution (\$)	In-kind contribution description (if available)	
ال-27-2003	Contributor address; City; State; Zip Code		\$250.00		
		1			
Principal occup	tion (Optional)	Employer (C	Optional)		
Date 10-2 <b>7-2003</b>	Full name of contributor  Avishai Ron		Amount of contribution (\$)	In-kind contribution description (if available)	
	Contributor address; City; State; Zip Code		\$1,500.00		
Principal occup	tion (Optional)	Employer (C	Dutional)		
		<u> </u>	•	I la Maria a constituente a	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)	
10-27-2003	James T. Hackett  Contributor address; City; State; Zip Code		\$250.00		
	H.				
Principal occup	tion (Optional)	Employer (C	ptional)		
Date	Full name of contributor C.M. Garver		Amount of contribution (\$)	In-kind contribution description (if available)	
10-28-2003	Contributor address; City; State; Zip Code		\$200.00		
-					
Principal occup	tion (Optional)	Employer (C	ptional)	· · · · · ·	

The Instruction	n Guide explains how to complete this form.			Total pages this Schedule A1: 9
FILER NAME	: Mark Goldberg			ACCOUNT # (Ethics Commission filer
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
0-28-2003	2003 Wea Lee		\$100.00	
	Contributor address; City; State; Zip Code		·	
Principal occup	tion (Optional)	Employer (O	ptional)	
Date	Full name of contributor		Amount of	In-kind contribution description (if available)
	Helen Chang	}	contribution (\$)	description (il available)
0-28-2003	Contributor address; City; State; Zip Code		\$500.00	
-				
				<u>.                                    </u>
Principal occup	tion (Optional)	Employer (O	ptional)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
0-28-2003	Jarl Molander			
.0	Contributor address; City; State; Zip Code		\$200.00	
	M			
Principal occup	etion (Optional)	Employer (O	ptional)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
	Huny Sim		contribution (4)	
10-28-2003	Contributor address: City; State; Zip Code		\$500.00	
•	120			
Principal occup	otion (Optional)	Employer (O	ptional)	
Date	Full name of contributor		Amount of	in-kind contribution description (if available)
	Orlando Teran	ł	contribution (\$)	Geographon (ii dramable)
10-28-2003	Contributor address; City; State; Zip Code		\$500.00	
Principal occur	ption (Optional)	Employer (C	Optional)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-28-2003	Kenneth Li			
10 20 2000	Contributor address; City; State; Zip Code		\$100.00	
•				
Yada	ption (Optional)	Employer (C	Optional)	

The Instruction	Guide explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	Total pages this Schedule A1:
FILER NAME	Mark Goldberg		ACCOUNT # (Ethics Commission fi
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
10-28-2003	Thomas Au	\$100.00	
	Contributor address; City; State; Zip Code	\$100.00	
Principal occup	tion (Optional)	Employer (Optional)	
		Amount of	In-kind contribution
Date	Full name of contributor	contribution (\$)	description (if available)
10-28-2003	Yuki Rogers  Contributor address: City; State; Zip Code	\$100.00	
Principal occup	tion (Optional)	Employer (Optional)	
Типера стар		Amount of	In-kind contribution
Date	Full name of contributor	contribution (\$)	description (if evailable)
10-28-2003	Bang Do  Contributor address; City; State; Zip Code	\$25.00	
4	Contributor declaracy		
Principal occup	otion (Optional)	Employer (Optional)	
Date	Full name of contributor	Amount of	In kind contribution description (if available)
	Ranney McDonough	contribution (\$)	description (it available)
10-28-2003	Contributor address; City; State; Zip Code	\$500.00	
-			
Principal occup	otion (Optional)	Employer (Optional)	
Date	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if evailable)
10-28-2003	George Gee		
	Contributor address; City; State; Zip Code	\$100.00	
4			
Principal occup	ption (Optional)	Employer (Optional)	
Dete	Full name of contributor	Amount of contribution (\$)	In-kind contribution description (if available)
10-28-2003	Robert Lay-Su	#2EA AA	
	Contributor address; City; State; Zip Code	\$250.00	
•			
m.h.sh.sh.sh	ption (Optional)	Employer (Optional)	

The Instruction	Guide explains how to complete this form.			Total pages this Schedule A1: 9
FILER NAME	: Mark Goldberg			ACCOUNT # (Ethics Commission filer
Date	Full name of contributor	<del></del>	Amount of contribution (\$)	In-kind contribution description (if available)
10-28-2003	Lee Godfrey		\$100.00	
	Contributor address; City; State; Zip Code		Ψ200.00	
Principal occup	tion (Optional)	Employer (Option	al)	
			Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if available)
10-28-2003	Chad Creighton Sweet	<del></del>	\$100.00	
	Contributor address; City; State; Zip Code			
Principal occup	tion (Optional)	Employer (Option	al)	
			Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if available)
10-29-2003	Truett Latimer  Contributor addrese; City; State; Zip Code		\$150.00	
•				
Principal occup	tion (Optional)	Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if available)
10-29-2003	Walter Criner		\$250.00	
	Contributor address; City; State; Zip Code		•	
7				
Principal occup	otion (Optional)	Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if available)
10-30-2003	George A. DeMontrond III		<b>ታ</b> ሮስስ ስስ	
_	Contributor oddreco: City: State; Zip Code		\$500.00	
Principal occup	ption (Optional)	Employer (Option	nal)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if evailable)
10-30-2003	Franci Crane			
	Contributor address; City; State; Zip Code		\$100.00	
7-2-2-2				
		Employer (Option		

### SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The Instruction	n Guide explains how to complete this form.		Total pages this Schedule A1: 9
FILER NAME	Mark Goldberg		ACCOUNT # (Ethics Commission filers
Date 10-30-2003	Amount contributor  Hinda Simon  \$100.0		on (\$) description (if available)
	Contributor address; City; State; Zip Code		
Principal occup	tion (Optional)	Employer (Optional)	
Date 10-30-2003	Full name of contributor  Peter De La Mora  Contributor address; City; State; Zip Code	Amoun contributi	on (\$) description (if available)
Principal occup	tion (Optional)	Employer (Optional)	
		Amoun	of In-kind contribution
Date 10-31-2003	Full name of contributor  Bernard Wishnow  Contributor address; City; State; Zip Code	\$100.	on (\$) description (if available)
Principal occup	tion (Optional)	Employer (Optional)	
Date 10-31-2003	Full name of contributor  Mark Rauch  Contributor address; City; Stats; Zip Code	Amount contributi	on (\$) description (if available)
Principal occup	tion (Optional)	Employer (Optional)	
Date 10-31-2003	Full name of contributor  Harry Mach  Contributor address; City; State; Zip Code	Amoun contributi \$250.	on (\$) description (if evaluable)
Principal occup	otion (Optional)	Employer (Optional)	
Date 11-3-2003	Full name of contributor  John Kyles  Contributor address: City; State; Zip Code	Amoun contribut	un (\$) description (if available)
	ption (Optional)	Employer (Optional)	1

#### SCHEDULE A1

(FOR FORMS C/OH & SPAC)

The Instruction	n Guide explains how to complete this form.		Total pages this Schedule A1: 9
FILER NAME	Mark Goldberg		ACCOUNT # (Ethics Commission filers)
Date 11-3-2003	Full name of contributor  Denis Braham  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occup	otion (Optional)	Employer (Optional)	
Date 11-3-2003	Full name of contributor  Robert Joplin III  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
Principal occup	otion (Optional)	Employer (Optional)	
Date 11-3-2003	Full name of contributor  Randal Hall  Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	otion (Optional)	Employer (Optional)	
Date	Full name of contributor  Halliburton Company PAC  Contributor address: City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occup	ption (Optional)	Employer (Optional)	
Date 12-1-2003	Full name of contributor  HOME PAC  Contributor address; City; State; Zip Code  y. N.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
Principal occu	ption (Optional)	Employer (Optional)	

The Instruction	Guide explains how to complete this form.		Total pages Schedule F: 5		
FILER NAME:	Mark Goldberg		ACCOUNT #: (Ethics Commission filer		
Date 10-28-2003	Payee name Payee address  Jewish Herald-Voice  3403 Audley  Houston, TX 77098		Amount (\$) \$372.00		
Purpose of expenditure (See instructions regarding type of information required.)  Advertising			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 10-31-2003	Payee name Payee address Galleria Chamber of Commerce 5075 Westheimer Houston, TX 77056		Amount (\$) \$60.00		
Purpose of expenditure (See instructions regarding type of information required.)  Event ticket			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 10-31-2003	Payee name Payee address WC Management 402 West 16th Street Houston, TX 77008		Amount (\$) \$2,718.29		
Purpose of expenditor	ure (See instructions regarding type of information required.)		f direct expenditure to benefit C/OH ** Officeholder name Office sought / held		
Date 10-31-2003	Payee name Payee address Houston 80/20 PAC 8300 Bender Road Houston, TX 77396		Amount (\$) \$200.00		
Purpose of expenditure (See instructions regarding type of information required.)  Advertising			** Complete if direct expenditure to benefit G/OH ** Candidate / Officeholder name Office sought / held		
Date 10-31-2003	Payee name Payee address Kight Printing 5750 Bintliff, Ste. 202 Houston, TX 77036		Amount (\$) \$408.40		
Purpose of expendit	ure (See instructions regarding type of information required.)	** Complete i Candidate / (	if direct expenditure to benefit C/OH ** Officeholder name Office sought / held		

The Instruction Guide explains how to complete this form.			Total pages Schedule F: 5	
FILER NAME:	Mark Goldberg		A	ACCOUNT #: (Ethics Commission
Date 10-31-2003	Payee name Ayes of Texas 723 Main Houston, TX 77002	Payee address		Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.)  Graphic design		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / he		
Date 11-8-2003	Payee name Don Smith 10434 5. POST ORK HOUSION, TX 17035	Payee address		Amount (\$) \$75.00
Purpose of expenditure (See instructions regarding type of information required.)  Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 11-8-2003	Payee name Sprint PCS 6809 Southwest Frwy. Houston, TX 77074	Payee address		Amount (\$) \$50.00
Purpose of expenditon	ure (See instructions regarding type of in	nformation required.)	** Complete if dire Candidate / Office	ect expenditure to benefit C/OH ** eholder name Office sought / held
Date 11-9-2003	Payee name Bernice Blum 10431 S. Post Oak Houston, TX 77035	Payee address		Amount (\$) \$622.95
	are (See instructions regarding type of in for miscellaneous expenses	formation required.)	** Complete if dire Candidate / Office	ect expenditure to benefit C/OH ** cholder name Office sought / held
Date 11-9-2003	Payee name Don Hooper 9010 Kapri Houston, TX 77025	Payee address		Amount (\$) \$3,094.88
	re (See instructions regarding type of in agement and reimbursement for	• '	Candidate / Office	ct expenditure to benefit C/OH ** holder name Office sought / held

The Instruction Guide explains how to complete this form.			Total pages Schedule F: 5		
FILER NAME:	FILER NAME: Mark Goldberg		ACCOUNT #: (Ethics Commission filer		
Date 11-10-2003	Payee name Payee address Big Brothers/Big Sisters of Southeast Texas 6437 Highstar Houston, TX 77074			Amount (\$) \$300.00	
Purpose of expenditure (See instructions regarding type of information required.)  Event ticket			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 11-12-2003	Payee name Payee address Computer Rescue 2500 Wilcrest Houston, TX 77042			Amount (\$) \$554.13	
Purpose of expenditure (See instructions regarding type of information required.)  Computer services			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 11-25-2003	Payee name Payee address Simposio 5591 Richmond Houston, TX 77056			Amount (\$) \$550.00	
Purpose of expendit Election night e	ure (See instructions regarding type of information required.)	** Complete if of Candidate / Of		nditure to benefit C/OH ** name Office sought / held	
Date 12-1-2003	Payee name Payee address Elite Printing PO Box 22092 Houston, TX 77227	<del></del>		Amount (\$) \$4,527.50	
Purpose of expenditure (See instructions regarding type of information required.)  Printing		*** Complete if c Candidate / Off		nditure to benefit C/OH ** name Office sought / held	
Date 12-4-2003	Payee name Payee address Blakemore & Associates 3405 Edloe Houston, TX 77027			Amount (\$) \$227.27	
Purpose of expendit	ure (See instructions regarding type of information required.)	** Complete if d Candidate / Off		nditure to benefit C/OH ** name Office sought / held	

The Instruction Guide explains how to complete this form.			Tot	Total pages Schedule F: 5	
FILER NAME:	Mark Goldberg		ACCC	OUNT #: (Ethics Commission filer	
Date 12-8-2003	Payee name Payee address Sprint PCS 6809 Southwest Frwy. Houston, TX 77074			Amount (\$) \$50.00	
Purpose of expenditure (See instructions regarding type of information required.)  Phone service			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 12-12-2003	Payee name Payee address SK Strategies 55 Waugh Dr., Ste. 610 Houston, TX 77007			Amount (\$) \$6,500.00	
Purpose of expenditure (See instructions regarding type of information required.)  Consulting fee			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 12-12-2003	Payee name Payee address Toastmasters International 5 Greenway Plaza Houston, TX 77046			Amount (\$) \$54.00	
Purpose of expenditu  Membership du	re (See instructions regarding type of information required.)	** Complete Candidate /		penditure to benefit C/OH ** der name Office sought / held	
Date 12-18-2003	Payee name Payee address Galleria Chamber of Commerce 5075 Westheimer Houston, TX 77056			Amount (\$) \$3,050.00	
Purpose of expenditure (See instructions regarding type of information required.)  Donation			** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 12-23-2003	Payee name Payee address US Postmaster 401 Franklin Houston, TX 77002			Amount (\$) \$111.00	
Purpose of expendito	ure (See instructions regarding type of information required.)	** Complete Candidate /	if direct ex Officehole	openditure to benefit C/OH ** der name Office sought / held	

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 5		
FILER NAME: Mark Goldberg			ACCOUNT #: (Ethics Commission file	
Date 12-23-2003	Payee name Payee address US Postmaster 401 Franklin Houston, TX 77002		Amount (\$) \$74.00	
Purpose of expenditure (See instructions regarding type of information required.)  Postage		** Complete if Candidate / Of	direct expenditure to benefit C/OH ** fficeholder name Office sought / held	
Date 12-30-2003	Payee name Payee address Houston Livestock Show and Rodeo 8701 Kirby Houston, TX 77054		Amount (\$) \$50.00	
Purpose of expenditure (See instructions regarding type of information required.)  Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held		
Date 12-30-2003	Payee name Payee address SBC PO Box 650661 Dallas, TX 75265-0661		Amount (\$) \$291.50	
Purpose of expendit Phone service	ure (See instructions regarding type of information required.)		direct expenditure to benefit C/OH *** fficeholder name Office sought / held	
Date 12-30-2003	Payee name Payee address ADL Foundation 4635 Southwest Freeway Houston, TX 77027	_	Amount (\$) \$500.00	
Purpose of expendit	ture (See instructions regarding type of information required.)	** Complete if Candidate / O	direct expenditure to benefit C/OH **  fficeholder name Office sought / held	
Date 12-30-2003	Payee name Payee address MFAH PO Box 6526 Houston, TX 77265-6826		Amount (\$) \$100.00	
Purpose of expendi	ture (See instructions regarding type of information required.)	** Complete if Candidate / C	direct expenditure to benefit C/OH ** Officeholder name Office sought / held	